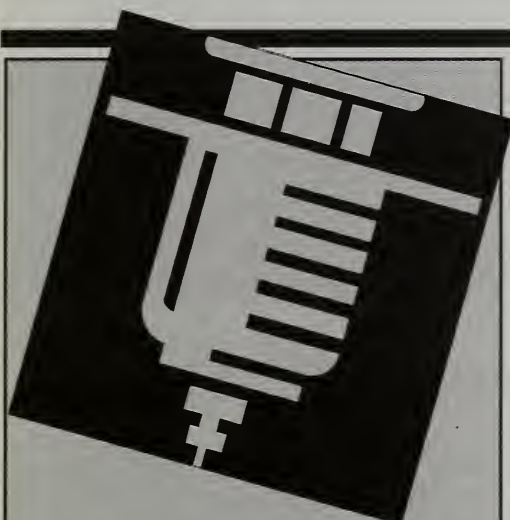


November 1994

Clinical Center News

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Flu shots offered

Still need a flu shot? You have until Nov. 18. That's how long free influenza vaccinations for NIH employees will be provided during walk-in clinics in Clinic 6, Occupational Medical Service. Evening hours are offered Mondays and Wednesdays, 5-8 p.m. After Nov. 18, the shots will be offered by appointment only.

The vaccine is prepared from inactivated viruses and will not cause influenza or flu-like symptoms, experts note. Annual vaccination is important because the strains of the flu virus change slightly each year and the vaccine components are altered to protect against the strains currently circulating.

Call the Occupational Medical Service at 496-4411 or the CC Hospital Epidemiology Service at 496-2209 for details.

Jones named CC deputy director for management and operations

Walter L. Jones has been named Clinical Center deputy director for management and operations.

"Mr. Jones brings to the Clinical Center a wealth of experience in hospital management and program administration," said Dr. John Gallin, CC director, in announcing Jones' Oct. 24 appointment. "His expertise in cost containment, introduction of new systems, and in construction and renovation planning will be particularly valuable to the Clinical Center."

"It is my privilege to join the Clinical Center," Jones said, "a world-class organization that is on the cutting edge of biomedical research and committed to excellence in patient care. I look forward to assisting in the development of management strategies that will chart the course of the Clinical Center well into the next century."

Jones comes to the Clinical Center from the District of Columbia General Hospital, where he had served as associate executive director and chief operating officer of the 410-bed teaching hospital since 1990. While there, Jones guided completion of construction projects totaling \$32 million and installation of an \$11 million management information system.

From 1989-1990, he served as chief executive officer for the Charles



Walter L. Jones was named CC deputy director for management and operations. He comes to the Clinical Center from the District of Columbia General Hospital where he had been associate executive director and chief operating officer for four years.

R. Drew Medical Center in Houston, Texas. Jones implemented management systems and policies and procedures resulting in the start up of this 120-bed, general acute hospital.

He served as director of operations for the 747-bed University of Maryland Medicine System from 1987-1989. While there Jones established in-house departments of

Continued on the back page

Recent grads

Recent graduates of the neuroscience nurse internship program sponsored by the Clinical Center's critical care/heart, lung, and blood/neuroscience nursing service in cooperation with NINDS are (seated from left) Joan M. Eaton, Jill D. Kaiser, and Stanley Brian Jones. In back are Suzanne Burdsall, Diane Schretzman, Beth Price, Kimberly Mock, Jennifer Brown, and Angela D. Trahanis. Price, a clinical nurse educator, coordinates the program.



Eight complete neuroscience nurse internship

Eight nurses have graduated from the 1993-1994 neuroscience nurse internship program sponsored by the Clinical Center's critical care/heart, lung, and blood/neuroscience nursing service in cooperation with NINDS.

The nine-month program offers extensive, specialized preparation for registered nurses who work with patients with neurologic diseases.

"The program represents a collaborative commitment to high-quality patient care between the institute and the CC nursing department," explains Gladys Campbell, chief of the critical care/heart lung, and blood/neuroscience nursing service.

"It focuses on all aspects of clinical care for neurology patients and their families," she explains. "These patients require a high level of caring and commitment at the bedside and beyond." The interns work with patients who have had strokes, those with Alzheimer's disease and Parkinson's disease, and those with

various neurologic diseases, for example.

"There is a heavy physiologic component to the internship," Campbell adds. "It is a grueling program that includes both didactic and clinical aspects."

All the education is put to the test at the patient's bedside under the supervision of an experienced preceptor. "The preceptors are an integral part of the internship team," Campbell says. "It's a full-time commitment for them as well."

Preceptors for this class were Cindy Hahn, Tia Frazier, Joan Kyhos, Joanne Maroney, Priscilla Buck, and Kathleen Fitzgerald, 5 West; and Kristen McCabe, Joe Fantom, and Lisa Barnhart, 5 East.

Neurology unit head nurses select the interns each year and oversee day-to-day integration of the interns into the program's clinical component. Interns work with head nurse Jody Becker on 5 West and head nurse Barbara Bowens on 5

East. "The interns also rotate through the 5th floor day hospital and the 7th floor outpatient clinic. Head nurse for those areas is Elaine Harrison.

Beth Price, clinical nurse educator for the service, provides overall program oversight and coordination.

"Through the internship, physicians who specialize in neurology are brought together with program nurses new to the neuroscience arena," Campbell says. "They contribute to building excellence in clinical nursing care as well as seeing what nurses can contribute in such areas as protocol planning. This enhances respect among all the health-care professionals, and the patients receive the ultimate benefits."

This is the seventh class to complete the internship. It has proven to be a good recruitment tool for the CC Nursing Department. Three-quarters of the total 35 graduates still work at NIH, points out Price.

Clinical Center
News

Editor: Sara Byars

Clinical Center News, Building 10, Room 1C255, National Institutes of Health, Bethesda, Maryland 20892. (301) 496-2563. Fax: 402-2984. Published monthly by the Office of Clinical Center Communications, Colleen Henrichsen, chief, for CC employees. News, article ideas, calendar events, letters, and photographs are welcome. Deadline for submissions is the second Monday of each month.

Classes offered for December

Call the education and training section, Office of Human Resources Management, at 496-1618 for details on these classes:

•**QTRC Hosts Program**, monthly seminars to help develop skills in managing quality improvement efforts and enhance knowledge of the QT process. Watch for flyer announcing topics. Dec. 5, 12:30-1:30 p.m., 2C116; Dec. 7, 8:30-9:30 a.m., 2C116; and Dec. 13, 3-4 p.m., 2C310.

•**The EPMS for Supervisors**. Everything you ever wanted to know about the Employee Performance Management System is included in this course. Dec. 14, 9 a.m.-4 p.m., 1N248.

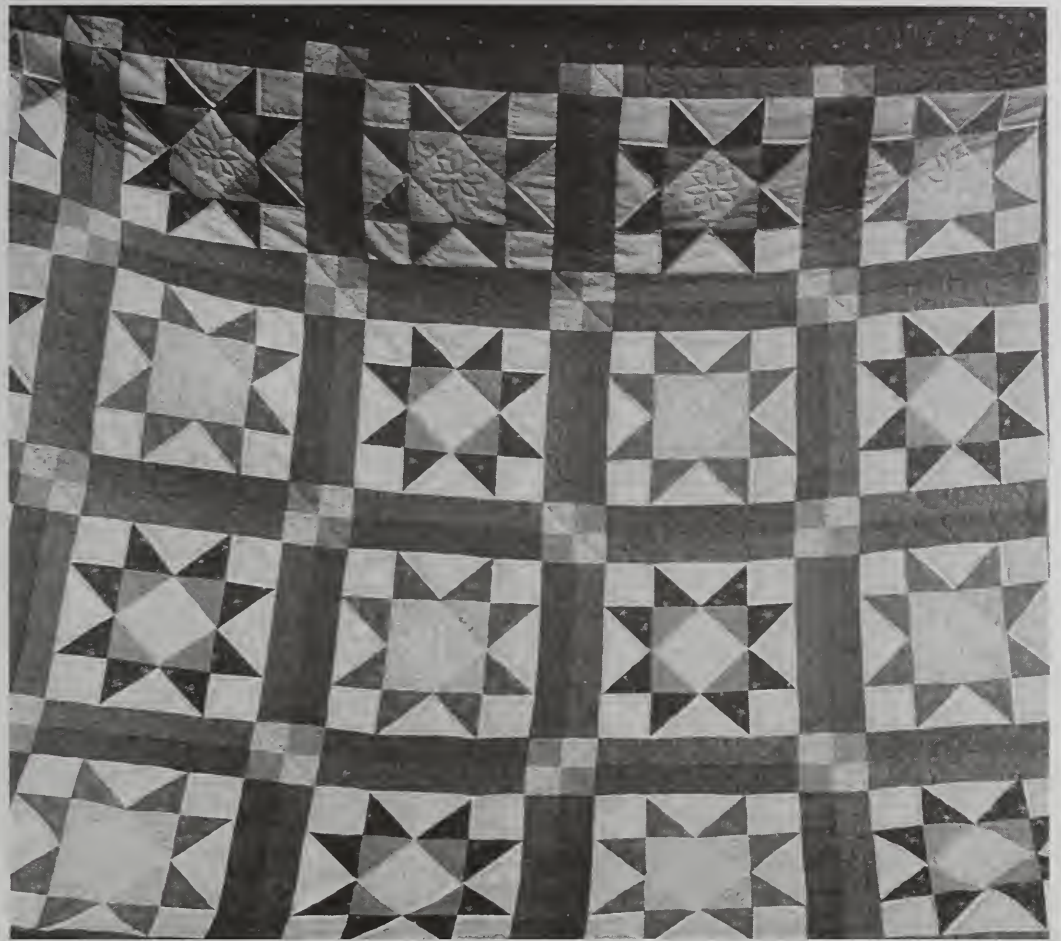
Award honors caring canine

Samantha, a certified therapy dog who has brought love, laughs, and comfort to Clinical Center patients through weekly visits for the past six years, has received a national award for her work.

She and owner, Jane Bartholomew, co-founder of the National Capital Therapy Dogs, were in New York last month to pick up a Delta Society, Pet Partners "Spirit of Jingles" Award. One of only four dogs nationally to be honored, Samantha also received a harness, a medallion, and a bulk-head seat on a flight to New York.

Class provides QT overview

Want to learn more about the QT process? Sign up for the class "Quality: You Make the Difference." It's designed to introduce new employees to total quality management and customer service and serves as a refresher for current workers. The class will be offered Nov. 10 and Dec. 9. It meets 8:15 a.m.-4:30 p.m. For more information, call Rona Buchbinder at 496-6219.



Take a chance on a quilt

Members of the Clinical Pathology Department are now selling raffle tickets for a handmade quilt. Sale of the tickets will benefit the Friends of the Clinical Center. Spending lunch breaks sewing the quilt have been department members Jan Campos, Patricia Conville, Margaret Brown, Natalie Murray, Sonya Riche, and Sallie Selepak. They've worked for more than a year on the queen-size quilt. Squares of the quilt are made in the Martha Washington Star pattern in shades of green and burgundy. Other department members sewed individual quilt squares and pitched in to purchase fabrics and supplies. A quilt the group raffled in 1992 raised more than \$2,000 for CC patient charities. Clinical Pathology staffers will be selling the tickets (\$2 each or three for \$5) outside NIH cafeterias and in the CC lobby. The raffle will be held Dec. 16. For more information, call Sheila Barrett at 496-5668 or Pat Kruczak-Filipov at 496-4433.

cc factoids

The CC Nutrition Department serves about 202,000 meals a year. That's about 550 meals a day for inpatients. Another 10,000 meals are served to outpatients annually.

To whip up those meals, department members go through, among other ingredients, about 66,000 eight-ounce cartons of milk, 4,200 pounds of turkey breast, 64,000 glasses of orange juice, and 6,750 pounds of iceberg lettuce.

Department kitchens will be busy Thanksgiving Day even though many patients able to travel go home for the holidays. Lunch preparations call for

salmon steaks for chowder (7 pounds), turkey breast (15 pounds), and baked ham (7 pounds). Add to that whole kernel corn (20 pounds), asparagus (14 pounds), green beans (14 pounds), Boston lettuce (one crate), fresh carrots (7 pounds), celery (7 pounds), cucumbers (6 pounds), pecans (1 pound), cherry gelatin (3 pounds), and cornbread crumbs for the stuffing (5 pounds).

Throw in about 30 pounds of cranberry gelatin mold and candied sweet potatoes, and add seven dozen dinner rolls. Round out the meal with 12 pumpkin pies.

Marrow donation an easy choice for NIH volunteer

Wondering if I'll ever figure out, the wonder of it all. Who is this woman, who Brought me back to LIFE? Who is this person, who Understands their power to bring a chance for cure to another's deadly strife.

(Copyright by Paul Guthrie, 1994. Reprinted with permission.)

Paul Guthrie, a California engineer diagnosed with chronic myelogenous leukemia in 1991, wrote these words after a marrow transplant two years ago.

Although Guthrie didn't know it at the time, the person who had donated the three pints of bone marrow to jump-start new, leukemia-free production of his own was Peggy Brandenburg.

Brandenburg is a public affairs specialist who oversees operations of the NIH Visitor Information Center located in Bldg. 10.

"I'd been on the National Marrow Donor Program's [NMDP] registry since it began seven years ago," she explains. She signed up after a co-worker and friend had succumbed to



Donor Peggy Brandenburg (second from right) met her marrow recipient Paul Guthrie during a Marrow Donor Awareness Week reception Sept. 12 at Union Station. With them are Guthrie's children, MacKenzie and Ross, and his wife, Suzanne.

cancer. Once Brandenburg, a regular blood and platelet donor, learned of the registry which was designed to match unrelated donors and recipients, she jumped at the chance.

Joining the registry meant only a blood test initially, and a great deal of counseling from NMDP staff on what it means to be a donor. (*See sidebar for details.*)

Several years passed before she was matched to a potential recipient and called in for the final stage of the process. "I was so excited," she recalls, "but I didn't match further. A while later I got another call, but didn't match there either." The third call from NMDP was to tell Brandenburg she was a likely match for a 44-year-old man with leukemia.

"[NMDP] provided extensive counseling then," she explains, "so that I would really understand what's involved. They were with me every step of the way."

But Brandenburg felt no reservations. "I wanted to do it. I was sent to my physician for a complete physical. My doctor asked me a lot of questions about harvesting

marrow. I felt like I was helping educate her about the whole process."

While Brandenburg was preparing to have her marrow harvested, Guthrie was in marrow transplant unit of a hospital in California having his own marrow destroyed.

The transplant works by replacing the patient's diseased marrow with the donor's healthy tissue. The diseased marrow is destroyed through several days of radiation and chemotherapy.

"The preparations take you within an inch of your life," Guthrie admits. "It's the Super Bowl of medicine. I'd gone into training just before this stage to get into as good physical condition as possible and started counseling to get rid of emotional baggage. I went in feeling healthy and they knocked my socks off."

A courier sped Brandenburg's marrow to California. "It was exciting when it arrived," Guthrie remembers. "My doc was there. The three bags of marrow went in by IV. It took several hours."



Meeting for the first time, Brandenburg and Guthrie share a hug.

Guthrie went next to an isolation room at his hospital. He had no ability to fight infection until the transplanted marrow began producing white blood cells. The new marrow kicked in within a couple of weeks and Guthrie eventually was able to move to an outpatient facility on the hospital grounds. He was in the hospital for 100 days after his transplant.

"I focused on trying to survive," Guthrie says. Even though he was spared many of the complications marrow recipients face—pneumonia and shingles, for example—it was an ordeal. "My kids couldn't visit me in the hospital. I didn't have any hair. My face didn't look like me. My watch was the only thing about me that was the same as before. I wouldn't take it off."

It was during that long recovery that Guthrie, always a writer by avocation, began documenting his experiences and emotions through journals and poetry.

"It was easier for me than speaking to people," he says. "Life can and will change overnight. When I learned I had cancer I didn't cope. I fell apart. First you wonder why the sky is still the same color. I'm doing great now. I'm happy, and a lot more aware of the emotional side of myself and I'm enjoying it. It's easier to know where my priorities lie."

Guthrie's wife, Suzanne, wrote to Brandenburg anonymously to let her know that her recipient was doing well after the procedure. Guthrie wrote, too. Then, at Thanksgiving, he called.

"We didn't know what to say to each other," Brandenburg recalls. "He told me his name and said 'I'm your recipient. I wanted to thank you.' He told me how well he's doing, that he'd been thinking about me and he asked me why I did it."

That's a question that Brandenburg hasn't an answer for. "I still can't say why. It was so easy for me. Paul was the brave one and fought so hard. How could I not donate when he was so willing to go through so much?"

—by Sara Byars

How to give...

Today, 1.4 million people across the globe are on the National Marrow Donor Program's (NMDP) registry of volunteers donors. About 33,600 of those volunteers have been recruited through the NIH donor center located at the Clinical Center, one of NMDP's 103 donor centers worldwide.

The national organization was established in 1987 as a collaborative, non-profit effort of the American Association of Blood Banks, the American Red Cross, and the Council of Community Blood Centers. The program's goal is to join possible donors with patients in need of marrow transplants. NMDP operates here under a contract with NHLBI and maintains offices in the CC Department of Transfusion Medicine.

Why are people willing to donate marrow? Lots of reasons, says Robyn Ashton, coordinator of the NIH Marrow Donor Center. "Some volunteers have had a family member, neighbor, or friend who had cancer. Others volunteer because it's just the kind of people they are."

Expanding the pool of potential marrow donors increases the odds of survival for thousands of patients in need. A marrow transplant is the only hope for many of the nearly 16,000 children and adults stricken each year with leukemia, aplastic anemia, and other blood-related diseases. Only about 20 percent of those who need a transplant find a suitable match within their families. There is about a one-in-20,000 chance of finding a matching, unrelated donor.

The NMDP donor centers provide complete support for the donors. "We do what we can to make the process easier for the donors," Ashton explains. "Because of the volunteers' incredible generosity, we feel it is the least we

can do. We want them to feel special because they are. They're heroes."

There are few requirements for being a marrow donor. Unrelated donors must be between 18 and 55 and able to pass a thorough physical exam.

How are donors matched? A blood test identifies the donor's human leukocyte antigen (HLA) type or "tissue type." That information is maintained in the NMDP data bank and is what initially signals a match with a potential marrow recipient. After that first match, further tests are performed.

How is the marrow removed? Marrow, a jelly-like tissue, is collected during a hospital procedure performed under general or regional anesthesia. About three to five percent of the donor's marrow is extracted from the pelvic bones at both sides of the lower back using a needle and syringe. It takes about 45 minutes. An overnight stay is advised, and the donor's marrow is replenished within a couple of weeks.

Does it hurt? Discomfort, stiffness, and tenderness are typical for a day or two. Most donors are back to their usual routines in a few days.

Who pays? All hospital and medical costs associated with the marrow donations are charged to the recipient or the recipient's insurance company.

When does the recipient actually receive the donated marrow? The marrow is immediately taken to the recipient's hospital. The marrow is given either as soon as it arrives or after it is further processed. The marrow is administered intravenously, as in a blood transfusion.

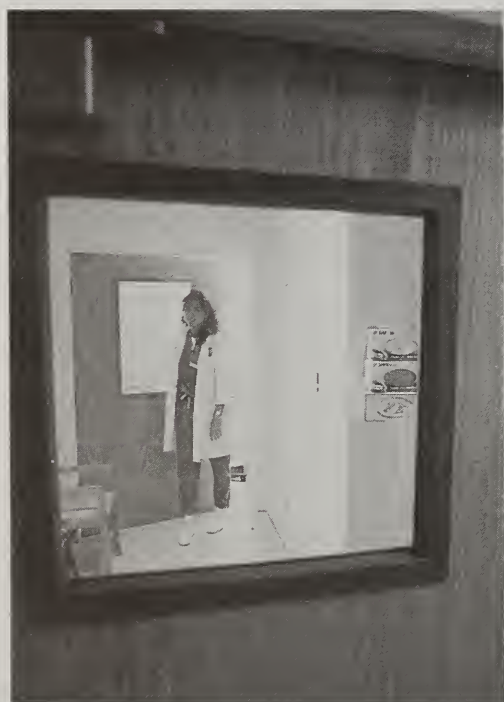
For more information, call 496-0572 or 1-800-MARROW-2.

State-of-the-art isolation rooms open on 12 West

Two recently opened, state-of-the-art isolation rooms on 12 West help put the Clinical Center into the forefront of coping with a national resurgence of tuberculosis.

"We've designed these rooms to help meet the public health need to find answers to the re-emerging problem of tuberculosis," says Dr. David K. Henderson, associate CC director for quality assurance and hospital epidemiology.

"It's likely that patients with active or drug-resistant tuberculosis will be admitted under future protocols. If the TB public-health emergency escalates, NIH and the Clinical Center will be given a mandate to help. We want to be ready."



Access to the isolation rooms is through an anteroom. A negative air flow is maintained so that air from the rooms can't migrate into adjacent areas.



The newly renovated isolation rooms on 12 West are designed to help the Clinical Center meet the public health need to find answers to the re-emerging problem of tuberculosis. Linda Ludy, a nurse assigned to the unit, checks equipment. A video camera allows nurses to monitor patients from the nurses station.

TB historically has been hard to treat and often fatal, he adds. "The advent of anti-tuberculosis antibiotics in the forties and fifties dramatically reduced the incidence of TB. Since 1985, however, we have seen a resurgence of TB, particularly in big cities in the U.S."

Several factors have contributed to this upswing in the incidence of TB and make the current crop of cases hard to treat, he adds. "We're seeing more and more immigrants from areas of the world with high prevalences of TB, including some areas where drug resistance is common. The HIV epidemic provides a population highly susceptible to the transmission of TB. In addition, we are seeing a special strain of tuberculosis, especially in New York, Miami and along the eastern seaboard, that is multi-drug resistant."

The isolation rooms meet or exceed PHS and Centers for Disease Control standards for isolating patients with air-borne pathogens, Dr. Henderson adds. "Room air is brought in through one system and safely vented out through another. The

system can handle even more air exchanges an hour that the current recommended minimum of six to 10."

A negative air flow is maintained, he points out, which prevents migration of air from the isolation rooms into adjacent areas.

Two more isolation rooms are in progress on 11 West. All are handicapped-accessible, have bathrooms, and feature two-stage access. An anteroom connects the hallway with the patient's room. The door to the hallway must be closed before opening the door to the patient's room.

Alarms sound at the nurses station and alert the CC maintenance section if one door is left open too long, or if there are problems in the air-circulation systems. A video monitor allows nurses to constantly observe patients in the isolation rooms.

CC Building Services and the design and construction branch, NIH Division of Engineering Services, supervised the renovation design and construction.

Social worker, actor turns director this month

Dan Kavanaugh is as at ease on the stage as he is striding the halls of the Clinical Center.

The theater is a life-long avocation for the CC social worker. His latest venture is director for a production of *Dracula* by the Theater in the Woods in Bowie. The production will be staged Nov. 18-Dec. 3.

"A director is responsible for bringing together all the pieces of the pie," he says, "and the actors and technical crew represent individual slices."

It's a challenge Kavanaugh enjoys. "It's fun. Starting with a piece of paper [the script] and seeing the words come to life."

Kavanaugh's initial responsibility is to assemble the right cast. "I look for people who are very creative and then allow them to be creative by helping figure out what works to motivate the creative juices."

Theater's a group effort, he points out, that depends on work of such contributors as set and lighting designers, costumers, and sound engineers.

Kavanaugh's no novice to acting and directing, but both had taken a back seat in his life. After a 10-year hiatus from the stage, a favorite play brought up the theater's lights for him again.

That was three years ago. A local theater group was staging Arthur Miller's *All My Sons*. "I got a role, and got the theater bug again." Since his latest infection, he's performed with the Theater in the Woods, Colonial Players, and the Annapolis Company Theater. He's also added playwright to his theater resume.

The Miami native acted and directed throughout his high school and college years. He studied theater at Miami Dade Community College and majored in philosophy at St. John's College, both in Florida.

He was working for a community organization in Washington when he



The theater is a life-long avocation for CC social worker Dan Kavanaugh.

decided to go on for a master's in social work. "I felt the degree would add to my work in community organization," he explains. "My first placement while a graduate student was at the University of Maryland Hospital and I liked it so much I decided to stay in hospital social work."

He's been at the Clinical Center since 1991, working with patients in NCI's surgery branch.

There're some similarities in the skills needed in social work and in directing, Kavanaugh admits. "Both work with diverse groups of people while always trying to make sure individuals' needs are met. People skills are important."

Coping skills come in handy, too. For times such as Kavanaugh's most embarrassing on-stage moment. "I

fell off," he explains. "I came on in a blackout and there was supposed to be glow tape on the edge of the stage so I could go right to my spot."

It wasn't there, and what he thought was the tape was a light on the floor. That's where he found himself sprawled, gripping the now-out-of-tune guitar he was supposed to strum. He scrambled back on stage before the lights came up. "I turned the song into a joke song and cued the cast to go along with me," he recalls, laughing.

It's the moments on stage where everything works that Kavanaugh treasures.

"There are times when you feel you have the character down completely. You're in another world, flying without a net."

—by Sara Byars

Jones assumes Clinical Center post

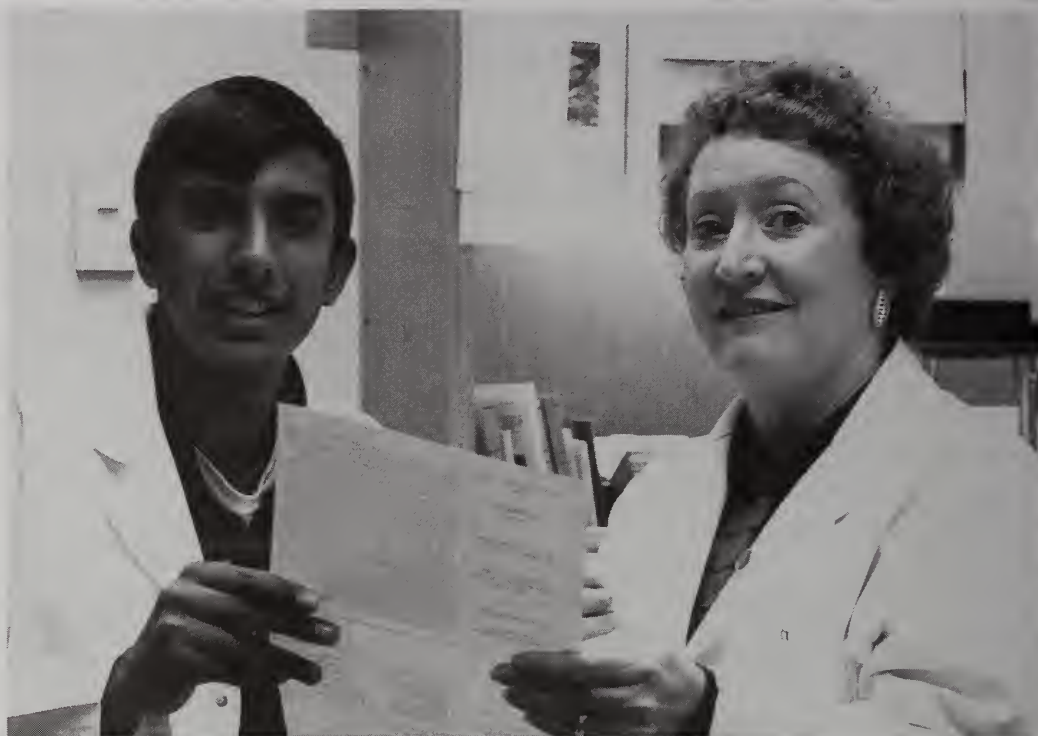
Continued from page one

purchasing, security, and telecommunications, a move that eliminated contractual relationships with the University of Maryland campus and netted \$340,000 in savings annually.

A native of Philadelphia, Jones earned a bachelor's degree from the State University of New York at Binghamton. He holds a master's degree in Hospital and Health Care Services Administration from Cornell University's Johnson School of Management.

Jones chairs the Medical Waste Management Task Force for the District of Columbia Hospital Association, serves as president of the board of directors, Greater Washington Boys and Girls Club, Inc., Northeast/Southeast Region, and is a member of the Black Caucus of Healthcare Workers.

He and his wife, Thomasina, have two children and reside in Clifton, Va.



Volunteer and intern

Anup Patel (left), participated in the Clinical Center normal volunteer internship program last summer and worked as a research assistant with Dr. Konstantine Kalogeras, NIAMS. Patel's work on stress and immunity responses was the basis for a poster presentation at the 1st World Congress on Stress held last month in Bethesda. The Ashland, Ohio, native is a senior in biology at Wittenberg University in Springfield, Ohio, and hopes to attend medical school next year. With Patel is Judith Williams, acting director of the CC Normal Volunteer Program. Students who are selected for participation in the internship are paired with scientist preceptors during their 10-week stints. The Clinical Center has about 7,000 normal volunteers annually. Normal volunteers are often included in protocols investigating specific diseases and disorders. The program's internship has 40-50 participants each year. They come from colleges and universities across the country.

november

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Medicine for the Public
7 p.m.
Masur Auditorium
Reading Our Own
Blueprint: The Human
Genome Project, Francis
S. Collins, M.D.,
National Center for
Human Genome
Research

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Grand Rounds
noon-1 p.m.
Lipsett Amphitheater
New Approaches to
Prevent Graft-Versus-
Host Disease After
Allogeneic Marrow
Transplantation, Dimitris
Mavroudis, M.D., and
John Barrett, M.D.,
NHLBI

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Grand Rounds
noon-1 p.m.
Lipsett Amphitheater
Reversal of Multi-Drug-
Resistance from the
Laboratory to the
Clinic, Susan Bates,
M.D., NCI; *The AIDS*
Epidemic: A Look to the
Future, Anthony S.
Fauci, M.D., NIAID

2

Grand Rounds
noon-1 p.m.
Lipsett Amphitheater
All-trans-Retinoic Acid:
The Impact of Preclinical
Studies on the Design of
Clinical Trials, Peter C.
Adamson, M.D., and
Frank M. Balis, M.D.,
NCI

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Wednesday Afternoon
Lecture
3 p.m.
Masur Auditorium
Cell Cycle Check Points
and Cancer, Leland H.
Hartwell, Ph.D., University
of Washington. Hosted by
the Yeast Interest Group

30

Wednesday Afternoon
Lecture
3 p.m.
Masur Auditorium
Role of Apoptosis and
Cancer Treatment, David
E. Housman, Ph.D.,
Massachusetts Institute of
Technology. Hosted by
the Genetics Interest
Group